CITY OF COVINGTON, KY LICENSE DEPARTMENT **EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

*IF NO WAGES WERE PAID THIS PERIOD, MARK "NONE" AND RETURN THIS FORM WITH YOUR SIGNATURE

1.	Total number of employees		7. Total ta	ixes due incli	uding Penalty &	Interest \$	
2. Total salaries, wages, commissions, and other compensation paid to all employees for services within the City of Covington.		\$	I hereby certify that the information contained herein is true and correct.				
3.	Excluded amount	\$					
4.	Tax due this period at 2.45 %	\$	Signed			Date	
5.	Penalty for late filing 5% per month (maximum 25%) of line 2, or \$25 whichever is greater.	\$	Official Title				
6.	Interest 1% per month or fraction thereof, of line 2.	\$					
Licensee Accoun		Number	FOR PERIOD ENDING			Make Payments to:	
			Month	Day	Year	City of Covington Mail to:	
			RETURN DUE ON OF BEFORE THE 15 TH OF THE FOLLOWING MONTH THOSE FILING QUARTERLY			City of Covington 20 W PIKE ST COVINGTON, KY 41011	
		(If remitting < \$450) APRIL 30, JULY 31, OCTOBER 31, JANUARY 31		. ,	Phone: 859-292-2180 Fax: 859-292-2131		
Federal ID No.							
	*PLEA	REVISED 12/31/20					

CITY OF COVINGTON, KY LICENSE DEPARTMENT

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